

## General

### Title

Timeliness of prenatal care: percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Access

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.

This measure is a component of a composite measure; it can also be used on its own. See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure [Postpartum care: percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery](#).

## Rationale

Preventive medicine is fundamental to prenatal care. Healthy diet, counseling, vitamin supplements, identification of maternal risk factors and health promotion must occur early in pregnancy to have an optimal effect on outcome. Poor outcomes include spontaneous abortion, low-birth-weight babies, large-for-gestational-age babies and neonatal infection. Early prenatal care is also an essential part of helping a pregnant woman prepare to become a mother. Ideally, a pregnant woman will have her first prenatal visit during the first trimester of pregnancy. Some women enroll in an organization at a later stage of pregnancy; in this case, it is essential for the organization to begin providing prenatal care as quickly as possible.

## Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Primary Health Components

Pregnancy; prenatal care

## Denominator Description

Women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

A prenatal visit in the first trimester or within 42 days of enrollment depending on the date of enrollment in the organization and the gaps in enrollment during the pregnancy. Include only visits that occur while the member was enrolled (see the related "Numerator Inclusions/Exclusions" field).

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

### Additional Information Supporting Need for the Measure

- Although many women experience uncomplicated pregnancies, timely and adequate prenatal care can prevent poor birth outcomes (Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2012). The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) (2012) recommend that a woman with an uncomplicated

pregnancy be examined every 4 weeks for the first 28 weeks of pregnancy, every 2 to 3 weeks until 36 weeks of gestation and weekly thereafter.

- In 2012, the low-birth weight rate was 8 percent and the preterm birth rate was 11.5 percent (Martin et al., 2013). The cost of lost work and pay over the lifespan of babies born preterm is \$5.7 billion (March of Dimes Foundation, 2013).
- Each year in the United States, one in eight infants is born preterm. In 2009, preterm births represented 35 percent of infant deaths (Partridge et al., 2012).
- Nearly 30 percent of pregnant women 25 years of age and older do not receive timely prenatal care (Maternal and Child Health Bureau [MCHB], 2011). Pregnancies with limited prenatal care have twice the risk of preterm birth and infant mortality than pregnancies with sufficient care (Centers for Disease Control and Prevention [CDC], 2013).
- Appropriate perinatal services and education are crucial components of a healthy birth. Understanding how to stay healthy is important for preventing complications that can affect the health of both mother and baby before, during and after pregnancy.

## Evidence for Additional Information Supporting Need for the Measure

American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG). Guidelines for perinatal care, seventh edition. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2012. 580 p.

Centers for Disease Control and Prevention (CDC). Reproductive health: preterm birth. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2013 [accessed 2014 Jun 01].

Eunice Kennedy Shriver National Institute of Child Health and Human Development. What is prenatal care & why is it important?. [internet]. Bethesda (MD): National Institutes of Health (NIH); 2012 [accessed 2014 Jun 01].

March of Dimes Foundation. The impact of premature birth on society. [internet]. White Plains (NY): March of Dimes Foundation; 2013 Oct [accessed 2014 Jun 01].

Martin JA, Hamilton BE, Osterman MJ, Curtin SC, Matthews TJ. Births: final data for 2012. Natl Vital Stat Rep. 2013 Dec 30;62(9):1-68. [PubMed](#)

Maternal and Child Health Bureau (MCHB). Women's health USA 2011. Rockville (MD): Health Resources and Services Administration (HRSA); 2011.

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

Partridge S, Balayla J, Holcroft CA, Abenhaim HA. Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries over 8 years. Am J Perinatol. 2012 Nov;29(10):787-93. [PubMed](#)

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial

statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

Managed Care Plans

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Specified

### Target Population Age

Unspecified

### Target Population Gender

Female (only)

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Staying Healthy

## IOM Domain

Effectiveness

Timeliness

# Data Collection for the Measure

## Case Finding Period

November 6 of the year prior to the measurement year through November 5 of the measurement year

## Denominator Sampling Frame

Enrollees or beneficiaries

## Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

# Denominator Inclusions/Exclusions

## Inclusions

Women who delivered (Deliveries Value Set) a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. Include women who delivered in any setting.

*Multiple Births:* Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year count twice. Women who had multiple live births during one pregnancy count once.

Note: Women must have been continuously enrolled between 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period.

## Exclusions

Exclude non-live births (Non-live Births Value Set)

## Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

# Exclusions/Exceptions

not defined yet

# Numerator Inclusions/Exclusions

## Inclusions

A prenatal visit in the first trimester or within 42 days of enrollment depending on the date of enrollment in the organization and the gaps in enrollment during the pregnancy. Include only visits that occur while the member was enrolled.

Note:

Identifying Prenatal Care for Women Continuously Enrolled During the First Trimester:

*Decision Rule 1:* Either of the following during the first trimester, where the practitioner type is an obstetrician/gynecologist (OB/GYN) or other prenatal care practitioner or primary care practitioner (PCP) meets criteria:

A bundled service (Prenatal Bundled Services Value Set) where the organization can identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated).

A visit for prenatal care (Stand Alone Prenatal Visits Value Set)

*Decision Rule 2:* Any of the following during the first trimester, where the practitioner type for the prenatal visit is an OB/GYN or other prenatal care practitioner, meet criteria:

A prenatal visit (Prenatal Visits Value Set) with an obstetric panel (Obstetric Panel Value Set)

A prenatal visit (Prenatal Visits Value Set) with an ultrasound (echocardiography) of the pregnant uterus (Prenatal Ultrasound Value Set)

A prenatal visit (Prenatal Visits Value Set) with a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set)

A prenatal visit (Prenatal Visits Value Set) with all of the following:

Toxoplasma (Toxoplasma Antibody Value Set)

Rubella (Rubella Antibody Value Set)

Cytomegalovirus (Cytomegalovirus Antibody Value Set)

Herpes simplex (Herpes Simplex Antibody Value Set)

A prenatal visit (Prenatal Visits Value Set) with rubella (Rubella Antibody Value Set) and ABO (ABO Value Set)

A prenatal visit (Prenatal Visits Value Set) with rubella (Rubella Antibody Value Set) and Rh (Rh Value Set)

A prenatal visit (Prenatal Visits Value Set) with rubella (Rubella Antibody Value Set) and ABO/Rh (ABO and Rh Value Set)

*Decision Rule 3:* Any of the following during the first trimester, where the practitioner type is a PCP, meet criteria:

A prenatal visit (Prenatal Visits Value Set) with a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set) and an obstetric panel (Obstetric Panel Value Set)

A prenatal visit (Prenatal Visits Value Set) with a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set) and an ultrasound (echocardiography) of the pregnant uterus (Prenatal Ultrasound Value Set)

A prenatal visit (Prenatal Visits Value Set) with a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set) and all of the following:

Toxoplasma (Toxoplasma Antibody Value Set)

Rubella (Rubella Antibody Value Set)

Cytomegalovirus (Cytomegalovirus Antibody Value Set)

Herpes simplex (Herpes Simplex Antibody Value Set)

A prenatal visit (Prenatal Visits Value Set) with a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set) and rubella (Rubella Antibody Value Set) and ABO (ABO Value Set)

A prenatal visit (Prenatal Visits Value Set) with a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set) and rubella (Rubella Antibody Value Set) and Rh (Rh Value Set)

A prenatal visit (Prenatal Visits Value Set) with a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set) and rubella (Rubella Antibody Value Set) and ABO/Rh (ABO and Rh Value Set)

A prenatal visit (Prenatal Visits Value Set) with any internal organization code for LMP or EDD with an obstetrical history

A prenatal visit (Prenatal Visits Value Set) with any internal organization code for LMP or EDD with risk assessment and counseling/education

For Decision Rule 3 criteria that require a prenatal visit code (Prenatal Visits Value Set) *and* a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set), codes must be on the same claim.

Identifying Prenatal Care for Women Not Continuously Enrolled During the First Trimester: Any of the following, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP, meet criteria:

A bundled service (Prenatal Bundled Services Value Set) where the organization can identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated).

A visit for prenatal care (Stand Alone Prenatal Visits Value Set)

A prenatal visit (Prenatal Visits Value Set) with an ultrasound (echocardiography) of the pregnant uterus (Prenatal Ultrasound Value Set)

A prenatal visit (Prenatal Visits Value Set) with a principal pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set)

For criteria that require a prenatal visit code (Prenatal Visits Value Set) *and* a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set), codes must be on the same claim.

Services that occur over multiple visits count towards this measure if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be linked to an office visit with an appropriate practitioner in order to count for this measure.

Refer to the original measure documentation for steps to determine numerator compliance.

## Exclusions

A Pap test alone does not count as a prenatal care visit.

A colonoscopy alone is not numerator compliant.

Ultrasound and lab results alone are not considered a visit.

## Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Paper medical record

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial and Medicaid product lines.

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Prenatal and postpartum care (PPC): timeliness of prenatal care.

### Measure Collection Name

HEDIS 2016: Health Plan Collection

### Measure Set Name

Access/Availability of Care

### Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

### Developer

National Committee for Quality Assurance - Health Care Accreditation Organization



## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

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## Endorser

National Quality Forum - None

## NQF Number

not defined yet

## Date of Endorsement

2014 Dec 23

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015.

Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer.

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## Production

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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